

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Annual Report on Possible Research Misconduct	FORM APPROVED: OMB No. 0937-0198 Expires: 12/21/99 <i>See Statement of Burden on Back</i> <hr/> Period Covered by this Report January 1, 1997 to December 31, 1997
Please make changes in the space to the right: <div style="text-align: center;">▶</div> + , <div style="text-align: center;">Place mailing label here.</div> . -	INSTITUTIONAL OFFICIAL'S NAME <hr/> INSTITUTIONAL OFFICIAL'S TITLE <hr/> NAME OF INSTITUTION <hr/> MAILING ADDRESS OF INSTITUTIONAL OFFICIAL <hr/>

Section I. Administrative Policy

Each institution which receives or applies for a PHS research, research-training or research-related grant or cooperative agreement must have established an administrative policy for responding to allegations of research misconduct that complies with the PHS regulation (42 CFR Part 50, Subpart A) and certify that it will comply with that policy. This regulation does not cover regulated research under the jurisdiction of the Food and Drug Administration (FDA).

- Has your institution established the administrative policy for responding to allegations of research misconduct required by the PHS regulation? ☐ Yes ☐ No
- If yes, on what date was the current administrative policy established? _____

Section II. Types of Misconduct Activity Related to PHS Applications and Awards

- A. ☐ **PLEASE CHECK THE BOX** (to the left) if your institution has **NOT** received any allegations or conducted any inquiries or investigations of allegations during the reporting period that (1) fall under the PHS definition of research misconduct and (2) involve receipt of or requests for PHS funding or application for PHS funding and complete section III. Otherwise, please complete Section II.
- B. Please provide the requested information for each incident of alleged misconduct that involved a request for or receipt of PHS funds that fell within the PHS definition of research misconduct. Please note that, in accordance with section 50.103(d)(4), all investigations are to be reported to the Office of Research Integrity (ORI) before or immediately upon commencement of the investigation.

PLEASE NOTE: For each incident of alleged research misconduct resulting in an allegation, inquiry, and/or investigation at your institution: (1) Identify the PHS source of funds (e.g. **NIH/NCI**) and the Grant Number (e.g. 1R01CA12345-01); (2) the ORI case number, if assigned; (3) check the type of activity (allegation, inquiry, and/or investigation - may include more than one activity type for each reported incident); and (4) check the type of misconduct involved with each activity (may include more than one type of misconduct). Attach a separate sheet if additional space or clarification is required.

Do **NOT** include any alleged fiscal misconduct, human or animal subject abuses, conflicts of interest, or violations of FDA regulated research.

1. Activity continued into 1997:

Incident Number	PHS Funding Source (include grant number and institute)	Office of Research Integrity Case Number, if assigned	Type of Activity	Type of Misconduct			
				Fabrication	Falsification	Plagiarism	Other Serious Deviations
1.	_____	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Activity begun in 1997:

Incident Number	PHS Funding Source (include grant number and institute)	Office of Research Integrity Case Number, if assigned	Type of Activity	Type of Misconduct			
				Fabrication	Falsification	Plagiarism	Other Serious Deviations
1.	_____	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/> Allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section II. (continued)

C. In how many of the inquiries/investigations reported in B1 and/or B2, did your institution take affirmative steps to protect the position and reputation of the whistleblower? ____

D. Please indicate the reason(s) why steps were not taken to protect the position and reputation of the whistleblower. *Please check as many as apply.*

	Case #1	Case #2	Case #3
No retaliation occurred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anonymous whistleblower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bad faith allegation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____			

E. Please indicate what efforts your institution did make to protect the position and reputation of the whistleblower. *Please check as many as apply.*

<u>Method</u>	Case #1	Case #2	Case #3
Protected complainant by maintaining confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established policy prohibiting retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocated complainant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected employment of complainant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cautioned respondent against retaliating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitored for possible retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided assistance to restore complainant's research program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established procedures for investigating allegations of retaliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed appropriate officials that the allegation was made in good faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicly acknowledged that the complainant did "the right thing"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imposed sanctions on retaliator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminded department chair and dean about protections afforded to complainants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____			

F. How many of the inquiries/investigations reported in B1 and/or B2 were still open on December 31, 1997? ____

- G. How many of the inquiries/investigations reported in B1 and/or B2 did not support the allegation of research misconduct? ____
- H. In how many inquiries/investigations that did not support the allegation of research misconduct did your institution take affirmative steps to restore the reputation of the respondent? ____
- I. Please indicate the reasons why steps were not taken to restore the reputation of the exonerated respondent. *Please check as many as apply.*

	Case #1	Case #2	Case #3
Reputation not damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other institutional policies violated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not wanted by respondent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research quality inadequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor supervisory practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breached confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____			

- J. Please indicate what efforts your institution did make to restore the reputation of exonerated individual. *Please check as many as apply.*

<u>Method</u>	Case #1	Case #2	Case #3
Protected reputation by maintaining confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed material about allegation from personnel file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sent letters to parties involved reporting no misconduct finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicly announced exoneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____			

- K. For each finding of scientific misconduct in 1997, please state the sanctions imposed in each case by the institution. (Please do not include any personal identifiers in the descriptions below.)

Number of misconduct findings in 1997 ____

Sanctions:

Case 1: _____

Case 2: _____

- L. For each bad faith allegation received, report the actions taken by the institution against the whistleblower, if any.

Number of bad faith allegations received in 1997 ____

Allegation 1: _____

Allegation 2: _____

Section III. Certification

Official certifying for institution:

NAME OF OFFICIAL (Please type)	TITLE
SIGNATURE	DATE
TELEPHONE NUMBER ()	FAX NUMBER ()

INTERNET ADDRESS OF OFFICIAL:

STATEMENT OF BURDEN: Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Reports Clearance Officer, PHS, Hubert H. Humphrey Building, Room 721-B, 200 Independence Avenue, S. W., Washington, D.C. 20201 (Attn: PRA) and to: Office of Management and Budget, Paperwork Reduction Project (0937-0198) Washington, D.C. 20502. *Please do not return this form to either of these addresses.*

RETURN THIS FORM TO: Assurance Program
Office of Research Integrity
5515 Security Lane, Suite 700
Rockville, MD 20852

Phone: (301) 443-5300
FAX: (301) 594-0042
E-Mail: CFLEISCHER@OSOPHS.DHHS.GOV
